

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-034148

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Reg. Filed SEP 24 1962 Primary Registration District No. 3016 Registrar's No. 362

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Rev. 4/59

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Jefferson City</u>		c. CITY OR TOWN <u>Hartsburg</u>	
c. FULL NAME OF (If NOT in hospital, give location) <u>St. Mary's Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>Hartsburg, Missouri</u>	
3. NAME OF DECEASED (Type or print) First <u>L.</u> Middle <u>BOWDEN</u> Last <u>BOWDEN</u>		4. DATE OF DEATH Month <u>September</u> Day <u>16</u> Year <u>1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>1-17-1920</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Steam-Fitter Mining Company</u>		11. BIRTHPLACE (City and state or country) <u>Hartsburg, Missouri</u>	
13a. FATHER'S NAME <u>Vernon Bowden</u>		14. NAME OF HUSBAND OR WIFE <u>Lucille Carter Bowden</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, go, or unknown) (If yes, give war or dates of service) <u>No</u>		17. INFORMANT <u>Mrs. Lucille Bowden</u> <u>Hartsburg, Missouri</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Myocardial Infarction</u> DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____ PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs</u>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>Jefferson City, Mo.</u>		
21. I attended the deceased from <u>Sept 15 1962</u> , to <u>Sept 16 1962</u> and last saw her alive on <u>Sept 16 1962</u> . Death occurred at <u>9:30 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22b. ADDRESS <u>Jefferson City, Mo.</u>	
22a. SIGNATURE <u>William A. Carter, M.D.</u>		22c. DATE SIGNED <u>Sept 18 1962</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Sept. 19, 1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Pleasant Cemetery</u>	
24. FUNERAL DIRECTOR <u>Buescher Memorial, Jefferson City, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>19 September 1962</u>	
26. REGISTRAR'S SIGNATURE <u>AP Davis, M.D. N. Richter, Dep.</u>		27. LOCATION (City, town, or county) <u>Boone County, Missouri</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON.

SEP 24 1962

APR 11 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Vernon M. Norton

Licensed Embalmer No. 4125

P. O. Address Lincoln Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.